

State of Hawaii
Department of Health
Adult Mental Health Division

Addendum 4

December 2, 2011

To

Request for Proposals

**RFP No. HTH 430-12-001
Pharmacy Services
For Hawaii State Hospital**

**Proposal Deadline
December 12, 2011, 2:00 p.m., HST**

December 2, 2011

ADDENDUM NO. 4

To

**REQUEST FOR PROPOSALS
Pharmacy Services
Hawaii State Hospital
RFP No. HTH 420-12-001**

The Department of Health, Adult Mental Health Division is issuing this addendum to RFP No. 430-12-001, Pharmacy Services, Hawaii State Hospital for the purposes of:

- Responding to questions that arose at the orientation meeting of November 8, 2011 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- Amending the RFP.
- Final Revised Proposals

The proposal submittal deadline:

- is amended to Monday, December 12, 2011, 2:00 p.m., HST
- is not amended.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, contact:

Ms. Enid Kagesa
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Facsimile: (808) 586-4745

**Responses to Questions Raised by Applicants
For RFP No. HTH 430-12-001
Pharmacy Services
Hawaii State Hospital**

1. Question:

What is the number of copies to be submitted? Three (3) copies: 1) signed original; 2) one single sided; 3) Unbound copy?

Answer:

Yes, the applicant is required to submit three (3) copies of their proposal application in response to this RFP.

2. Question:

When will a Provider be selected?

Answer:

The Provider will be selected on December 27, 2011, and applicants will be notified with the release of the Statement of Findings.

3. Question:

Can you provide us with a drug utilization report for the last 30 days?

Answer:

Yes, attached is the 30-day usage for the month of September 2011. Please refer to Attachment A. If you would like an electronic Excel file copy of the usage, please contact the AMHD Contracts Unit.

4. Question:

Does Hawaii State Hospital (HSH) have an existing drug formulary?

Answer:

Yes, please refer to Attachment B of this addendum. If you would like an electronic Excel file copy of the drug formulary, please contact the AMHD Contracts Unit.

5. Question:

Can you provide a floor stock list or existing e-Kit inventory?

Answer:

Yes, please refer to Attachments C and D of this addendum.

6. **Question:**
How many patients are serviced for each treatment unit?

Answer:
There are seven (7) treatment units that vary in size, ranging from 20 to 43 patients. The Treatment Mall census varies between 100-142 patients a day and the residential program has a capacity for 22 patients. Please also refer to Question 28e.

7. **Question:**
What is the average length of stay per patient?

Answer:
The length of stay per patient varies between 2 days and 38 years. The average length of stay in days for current inpatients fluctuates by month, due to the type of placement at the hospital.

8. **Question:**
Section 2.1.A – Is the pharmacist’s consultant required to support the inpatient Treatment Mall?

Answer:
Yes, it is during Treatment Mall sessions, that the treatment teams meet with patients. The pharmacist presence can be requested in advance.

9. **Question:**
Section 2.1.A.4 – When awarded the contract, can we service HSH from our backup location until we get the appropriate licensing from the Hawaii State Board of Pharmacy? Do you have existing expectations for transfer of pharmacy vendor?

Answer:
No, services need to be provided on-site. Regarding the transfer of pharmacy providers, the HSH will work with both the incoming and outgoing providers to ensure a smooth transition and to obtain the pharmacy license.

10. **Question:**
Section 2.III.A.4 – How frequent does each of these committees meet?

Answer:
There are daily patient treatment team meetings, usually concurrently in different rooms in the Treatment Mall. Pharmacist participation is quite variable and

they're currently around 15% of the meetings. The hospital goal is to increase pharmacy consultation to improve pharmacotherapy and increase alignment of current inpatient medication regimens to outpatient Medicaid formularies. Each committee operates on a different schedule; in general once every two (2) weeks to once a month. On average, there are three (3) scheduled committee meetings per week.

11. Question:

Section 2.III.A.7 – ADM Equipment

- a. Does HSH have access to the federal supply pricing schedule?
- b. Are the ADM machines dedicated for first dose orders or stat orders?
- c. Is there any special type of packaging required for the ADM machines?
- d. How many patients will be serviced per ADM machine?

Answer:

- a. No.
- b. ADM machines are for all medications and STAT overrides for first dose and stat orders.
- c. Unit dose.
- d. The number of patients served per ADM machine for the units and residential program will be based on the unit census. The Treatment Mall will need to cover the Mall census whereby the number of medications administered during Mall hours (9:00 a.m. – 1:30 p.m.) is usually relatively small.

12. Question:

Section 2.III.A.11 – Do you have sample reports or templates for the reports required in this section?

Answer:

No, the current report formats were developed by the current vendor based on their reporting processes. Formats are “free-style” and can be modified based on report content by the vendor.

13. Question:

Section 2.III.A.17 – What are the expectations around 24-hour coverage? What is the expected turn-around time for after hour orders?

Answer:

A pharmacist shall be available 24/7, 365 days a year with phone and/or computer access/linkage to in-house system to approve new orders placed after

hours. If a medication is needed and not in the Night Cabinet, the expected turn-around time should be 1 to 2 hours on average.

14. Question:

Section 2.III.B.5 – Do you have a form or template for the contract compliance requirements?

Answer:

At this time, we do not have a template for the contract compliance requirements. However, when the information is required, the HSH shall inform the applicant/Provider of the data that is required and the format shall be prescribed at that time.

15. Question:

Is the 1/1/2012 start date negotiable, given the delayed and extremely short timeframe from RFP to opening?

Answer:

The contract start date has been changed to 3/1/2012.

16. Question:

Is the current staff potentially available for hire by a new vendor?

Answer:

Since the current staff is not employed by the Department of Health, we do not have this information.

17. Question:

Can we confirm the current FTE technical support staffing?

Answer:

The applicant needs to identify their staffing needs as part of the RFP. The current vendor employs two (2) full-time pharmacists and four (4) full-time pharmacy technicians.

18. Question:

How many buildings are there on campus? Are there patients in every building? What is the distribution of those patients? How are meds currently being transported?

Answer:

There are multiple buildings on campus, including four (4) free-standing patient care units with three (3) additional units co-located in another building. The Treatment Mall is in a separate building and the Residential program operates out of four (4) buildings, three (3) of which house patients.

19. Question:

How soon can the pharmacy be available for the new vendor to be on sight?

Answer:

The transition process between the vendors would be planned as part of the implementation of the contract.

20. Question:

How are the current medications being dispensed (i.e. unit dose; blister packs; etc.)

Answer:

Medications are dispensed both as blister packs and unit dose. There are currently approximately eighty (80) "Medicare D" patients whose medications must be dispensed in thirty (30) day increments for blister packs.

21. Question:

How many days supply at a time are medications dispensed per patient?

Answer:

Most unit cart fills are done weekly with a least twice daily extra deliveries based on medication changes.

22. Question:

III A. 16: Given the technology requirements, can HSH and AMHD confirm that the pharmacy can be opened using the existing pharmacy system? If so, is there a cost to the vendor for using that system?

Answer:

Information about HSH's current EMR and pharmacy software is included in the RFP. The applicant should review this information and contact the software vendor as necessary to determine if their operational needs are met. The current vendor operates both their own and HSH's pharmacy software.

- 23. Question:**
Is it realistic for a new vendor to get a provider number (#) for billing third party payors, and agreements with those providers, in place for billing by 1/1/2012? If not, what are the alternatives for billing?

Answer:

The applicant should project the timeframe for third party billing based on previous experience and contracts with third party payors as part of preparing the response.

Third party billing, Medicare D will be required immediately as this constitutes 30 to 40% of the hospital pharmacy costs. As the hospital is not CMS certified, the pharmacy vendor files the Medicare D claim.

- 24. Question:**
What happens to the cost of the required equipment if the contract is only for one year? Are those costs amortized over that year only?

Answer:

Yes, the equipment costs are to be amortized over the one year.

- 25. Question:**
We do not have two "current" references in Hawaii. Is that a mandatory requirement? We have solid references we can provide for our existing 300.

Answer:

The minimum two (2) hospitals and/or established clinical institutions in the State of Hawaii to where pharmaceutical services similar to those requested herein, have been provided or are currently provided, is required. If an applicant is unable to provide a minimum of two (2) references, their proposal application will be deducted points for this requirement. Please refer to pages 3-2 and 4-2.

- 26. Question:**
Can we have access to a current (most recent 12 months) medication utilization?

Answer:

As there is little variation between months, applicants can estimate utilization by extrapolating from the one (1) month information that was supplied.

- 27. Question:**
What percentage of patients is covered by reimbursement by third party payors versus state provided medications? What is the breakdown of payor mix?

Answer:

Less than half of the patients are Medicare Part D recipients. Currently, the State of Hawaii pays for medications for those patients who are not Medicare Part D recipients.

28. Question:

What is the current average daily census?

- a. Can you give a breakdown by age? (child, adolescent, adult, geri)
- b. Can you please give a breakdown by acuity and location (what building)?
- c. The pharmacy is located in what building?
- d. How many patients does this building which has the pharmacy have?
- e. What is the census at each building/cottage?

Answer:

The monthly census from July through October 2011 is as follows:

July = 179, August = 180, September = 190, October = 190. The average monthly census is approximately 185 patients.

- a. HSH only serves adults with 80% of our patients between the ages of 18 and 55.
- b. The two admissions units (F and H) are physically adjacent to the Pharmacy and attached by covered outside walkway. The other units are rehabilitation units. Please see the hospital grounds map in the RFP.
- c. The pharmacy is located in Building G.
- d. None. Building G houses the medical and dental clinics, nursing office and laboratory. However, patients can be present in the waiting room/hallway from 9:00 a.m. to 4:00 p.m.
- e. Lower Campus:
 - Residential Program – 23 patients (not included in the hospital census)
 - Treatment Mall is open from 9:00 a.m. – 2:00 p.m. and serves between 120 - 150 patients from units E, I, S, T and U.
 - Unit E – 40 patients
 - Unit F – 27 acute admission patients, including four (4) “psychiatric intensive care” beds.
 - Unit H – 20 acute admission patients
 - Unit I – 33 patients

Upper Campus:

Unit S – 26 patients

Unit T – 26 patients

Unit U – 24 patients

29. Question:

Under Scope of Work A.10, how many printers are needed?

Answer:

The applicant should identify the number of printers their operations require.

30. Question:

If awarded, will we be purchasing through your buying group (GPO) and wholesaler or do we have to set this up?

- a. Will current inventory be removed or do we have rights to purchase?
- b. Does the state currently own any of the pharmacy equipment? If so, what?

Answer:

- a. Purchase of medications would have to be negotiated with the current vendor. The office furnishings (desk, shelves, counters) are hospital property. Seven (7) of the fourteen (14) computer workstations in the pharmacy are hospital property.
- b. Yes, the hospital owns .

31. Question:

Who is your current GPO?

Answer:

HSH does not have a GPO.

32. Question:

Will the pharmacy be responsible for dispensing employee medications? If so, what is the current pricing structure for employee meds?

Answer:

There are no medications dispensed for employees.

- 33. Question:**
Who owns the medication carts at each nursing station? Is there a plan to purchase these carts should the current provider take these carts?

Answer:
The medication carts are owned by the hospital.